

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**09/763507**

FILING DATE  
**07/03/2005**  
**305-0421**

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/										
2		/		/			51						
3		/		/			52						
4		/		/			53						
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44							93						
45							94						
46							95						
47							96						
48							97						
49							98						
50							99						
							100						
TOTAL IND.	1		1				TOTAL IND.						
TOTAL DEP.	17		11				TOTAL DEP.						
TOTAL CLAIMS	18		12				TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS